



WASHOE COUNTY

"Dedicated To Excellence in Public Service"

www.washoecounty.us

CM/ACM ✓
Finance MS
DA ✓
Risk Mgt. DE
HR —
Grant Mgt. GE

STAFF REPORT BOARD MEETING DATE: March 22nd, 2016

DATE: March 2nd, 2016
TO: Board of County Commissioners
FROM: Amber Howell, Director, Social Services
775-785-8600, AHowell@washoecounty.us

THROUGH: John Slaughter, County Manager

SUBJECT: Recommendation to accept Notice of Sub-Grant Award Amendment #7 in the amount of [\$25,000; Cash Match \$6,250] for additional Chafee program funds from the State of Nevada - Division of Child and Family Services (DCFS), retroactive to July 1, 2015 through June 30, 2016, to support youth in making the transition from foster care to economic self-sufficiency; authorize the Department to execute the Sub-Grant Award and direct the Comptroller's Office to make the appropriate budget adjustments. (All Commission Districts).

SUMMARY

The Department is requesting the Board approve an Amendment #7 for additional funds to the Chafee grant award from the State of Nevada- Division of Child and Family Services. Acceptance of this amendment is retroactive as the Department received it in late February.

County Priority/Goal supported by this item: Safe, Secure and Healthy Communities.

PREVIOUS ACTION

On September 9th, 2014 the Board of County Commissioners approved the Department's request to receive \$91,500 in additional Federal Chafee funds for FY2015.

On March 25, 2014, the Board of County Commissioners approved the Department's request to receive \$45,561 in additional Federal Chafee funds for FY2014.

On June 11, 2013, the Board of County Commissioners approved the Department's request to receive \$97,000 in additional Federal Chafee funds for FY2013.

BACKGROUND

AGENDA ITEM # 6A

The State of Nevada Division of Child and Family Services was awarded federal Chafee funding to support child welfare agencies in transitioning foster children from out of home care into the community. The Federal John H. Chafee foster care act authorizes flexible funding to children who will remain in foster care until age 18.

GRANT AWARD SUMMARY

Project/Program Name: Washoe County Department of Social Services
Independent Living Program.

Scope of the Project: Assist youth in making the transition from foster care to economic self-sufficiency.

Benefit to Washoe County Residents: This program provides the youth aging out of the foster care system the tools to become contributing citizens of Washoe County.

On-Going Program Support: None

Award Amount: \$25,000 in additional funds for FY 2016

Grant Period: July 1, 2015 through June 30, 2016.

Funding Source: Department of Health & Human Services
Administration for Children & Families

Pass through From: State of Nevada
Division of Child and Family Services

CFDA Number: 93.674

Grant ID Number: CH-14-020

Match Amount and Type: \$6,250 (additional)

Sub-Awards and Contracts: None.

FISCAL IMPACT

Should the board accept this grant award, the adopted budget for FY16 will be increased by \$25,000 in both revenues and expenditures in the following accounts:

| Cost Object | G/L Account | Amount |
|--------------------|--------------------|---------------|
| 10138 | 431100 | \$25,000 |
| 10138 | 710714 | \$25,000 |

A budget amendment is required by the Comptroller's Office as identified above. The Federal match for this award is \$6,250.00, which will be provided by the State of Nevada FAFFY funds (IO#10119). We do not charge indirect costs to this grant.

RECOMMENDATION

Recommendation to accept Notice of Sub-Grant Award Amendment #7 in the amount of [\$25,000; Cash Match \$6,250] for additional Chafee program funds from the State of Nevada - Division of Child and Family Services (DCFS), retroactive to July 1, 2015 through June 30, 2016, to support youth in making the transition from foster care to economic self-sufficiency; authorize the Department to execute the Sub-Grant Award and direct the Comptroller's Office to make the appropriate budget adjustments.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "move to accept Notice of Sub-Grant Award Amendment #7 in the amount of [\$25,000; Cash Match \$6,250] for additional Chafee program funds from the State of Nevada - Division of Child and Family Services (DCFS), retroactive to July 1, 2015 through June 30, 2016, to support youth in making the transition from foster care to economic self-sufficiency; authorize the Department to execute the Sub-Grant Award and direct the Comptroller's Office to make the appropriate budget adjustments".

FEB 26 2016

State of Nevada - Division of Child and Family Services
4126 Technology Way, 3rd Floor
Carson City, NV 89706

RECEIVED

Notice of Sub-Grant Award

| | | | |
|---------------------|---|----------------------------|----------------|
| DCFS Contact: | Dorothy Edwards | DCFS Contact Phone Number: | 775-684-7956 |
| Program: | CHAFEE | CFDA Number: | 93.674 |
| State Award Number: | CH-14-020 | Budget: | 3145 |
| Type of Action: | Amend. #7: \$25,000 Inc. to the State Share | Account: | 32 |
| Legal Name: | Washoe County Department of Social Services | For Profit: | No |
| Project Name: | Independent Living | Vendor Number: | T40283400 A |
| Contact Person: | Amber Howell | Mailing Address: | PO Box 11130 |
| Email Address: | ahowell@washoecounty.us | Address: | Reno, NV 89520 |
| Phone Number: | 775-337-4540 | Project Address: | Same as Above |
| Fax Number: | 775-785-5639 | Address: | |
| | | Tax ID: | 88-60000138 |

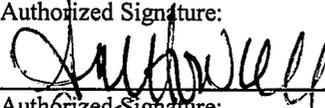
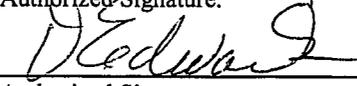
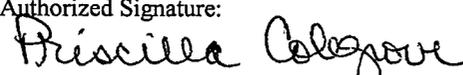
| | | |
|-----------------|------------------------------------|----------------------|
| Project Period: | JULY 1, 2013 through JUNE 30, 2016 | Federal Award Number |
| Year One: | JULY 1, 2013 through JUNE 30, 2014 | G-1301NV1420 |
| Year Two: | JULY 1, 2014 through JUNE 30, 2015 | G-1401NV1420 |
| Year Three: | JULY 1, 2015 through JUNE 30, 2016 | G-1501NV1420 |
| Year Four: | N/A | |

Approved Categories and Budget by Year:

| Category | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | TOTAL |
|---------------------------|------------------|------------------|------------------|------------|--------------------|
| Personnel | \$0 | \$0 | \$0 | \$0 | \$0 |
| Operating | \$378 | \$0 | \$0 | \$0 | \$378 |
| Equipment | \$0 | \$19,668 | \$0 | \$0 | \$19,668 |
| Travel | \$0 | \$466 | | \$0 | \$466 |
| Contractual | \$303,766 | \$252,434 | \$250,000 | \$0 | \$806,200 |
| Direct Services A | \$40,367 | \$52,936 | \$25,000 | \$0 | \$118,303 |
| Direct Services B | \$0 | \$0 | \$0 | \$0 | \$0 |
| Admin/Other | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total State Share | \$344,511 | \$325,504 | \$275,000 | \$0 | \$945,015 |
| Match (FAFFY) | \$78,533 | \$85,375 | \$68,750 | \$0 | \$232,658 |
| Total Program Cost | \$423,044 | \$410,879 | \$343,750 | \$0 | \$1,177,673 |

In accepting these grant funds, it is understood that:

- Expenditures must comply with appropriate State and/or Federal regulations.
- This award is subject to the availability of appropriate funds.
- Grantee agrees to provide an independent financial and compliance audit in accordance with State and Federal requirements.
- Amendment #7 reflects a \$25,000 increase to the State Share for Year 3 of the Project Period. The required Match amount will also be increased by \$6,250. The State Share and Required Match for Year 1 and Year 2 of the Project Period are unchanged.

| | | |
|---|--|------------------|
| Washoe County Department of Social Services | Authorized Signature:  | Date: 2/23/16 |
| DCFS FPO Grants Management Unit | Authorized Signature:  | Date: 2/26/16 |
| DCFS Administration | Authorized Signature:  | Date: 2/29/16 |

RECEIVED

MAR - 3 2016

WASHOE COUNTY
SOCIAL SERVICES

BRIAN SANDOVAL
Governor

STATE OF NEVADA

RICHARD WHITLEY
Director



JANE GRUNER
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
4126 Technology Way - 3rd Floor
Carson City, Nevada 89706
(775) 684-4400

February 22, 2016

Amber Howell
Washoe County Department of Social Services
PO Box 11130
Reno, NV 89520

Dear Ms. Howell:

I recently received a budget revision request for the Chafee (CH) sub grant # 14-020, for State Fiscal Year 2016. This letter serves as notification of approval of your budget revision request. Please review, sign, and return the attached, amended Notice of Sub-grant Award (NOSA) no later than 30 days from receipt.

If you require any additional assistance, please contact Grants and Projects Analyst, Heather Giger, at 775-684-4447 or hgiger@dcfs.nv.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Edwards".

Dorothy Edwards
Clinical Program Planner II

Attached: Amended Chafee NOSA

Child welfare agencies in Nevada believe families are the primary providers for children's needs. The safety and well-being of children is dependent upon the safety and well-being of all family members. Children, youth and families are best served when staff actively listens to them and invite participation in decision-making. We support full implementation of family centered practice by engaging families in child and family teams and offering individualized services to build upon strengths and meet the identified needs of the family.

| Budget Revision Request and Justification Form | | | |
|--|--|------------|----------------|
| Date: | 2/17/2016 | | |
| (Sub)Grantee: | Washoe County Dept. of Social Services | | |
| (Sub)Grant Number: | CH-14-020 | | |
| Amendment Number: | 7 | | |
| | | | |
| Budget Revision Request and Justification | | | |
| | | | |
| Budget Categories | Year 3 | Adjustment | Year 3 Revised |
| Personnel | \$0 | \$0 | \$0 |
| Operating | \$0 | \$0 | \$0 |
| Travel | \$0 | \$0 | \$0 |
| Contractual | \$250,000 | \$0 | \$250,000 |
| Direct Services A | \$0 | \$25,000 | \$25,000 |
| Direct Services B | \$0 | \$0 | \$0 |
| Other | \$0 | \$0 | \$0 |
| | | | |
| Total State Share: | \$250,000 | \$25,000 | \$275,000 |
| | | | |
| Match: | \$62,500 | \$6,250 | \$68,750 |
| | | | |
| Total Program Cost: | \$312,500 | \$31,250 | \$343,750 |
| | | | |
| Justification: | | | |
| <p>WCDSS is requesting a budget adjustment of \$25,000. This will cover the cost of programming that has existed in the current scope of work but we were unable to support due to a decrease in the amount of funding we received this year as opposed to last year. The remaining funds in our current budget have been encumbered to our contract with the Children's Cabinet. The \$25,000 request will be spent in the following manner: \$4500 payment to the existing mentor program at TMCC; \$5000- payment to VIPs for a spring session of that IL training curriculum; \$5000- approximate cost of graduation celebration and youth graduation incentives in the amount of \$250 per youth; \$5500- approximate amount needed to support tutoring for youth this spring semester; and \$5000 for funding of a variety of incidental expenses related to youth working toward their independent living goals.</p> | | | |
| | | | |
| Please include a budget replacement statement. | | | |
| This revision replaces the current sub grant budget. | | | |